



## Hand, Microsurgery and Reconstructive Orthopaedics, LLP

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**RE: Tina Lindquist Ossa**

Dear Attorney Hartman:

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My original diagnosis of Tina on the day that I first saw her was amputations of both hands of her index, long, ring and small fingers both left and right hand

Board Certified  
Specialty Trained

The course of her treatment was, initially, several hours of surgery under general anesthetic for an attempt at replantation of multiple digits. Out of the mangled mess of digits that we were given we attempted to replant four of them two on each hand. Out of those the two digits on the left hand, I believe, survived and the two digits on the opposite hand did not survive. She was in the hospital for several weeks. She had blood transfusions and multiple operations for debridement of the necrotic tissues.

She was home as an outpatient and under direct care and needed 24 hour care because of the inability of taking care of herself since both hands were severely involved. She had quite a bit of pain and discomfort throughout this time frame, which we treated, with oral analgesics. As the healing continued and signs of bony fusion took place we were able to start increasing the activity levels of the hands.

It was soon evident, however, that the hand in which the digits failed to survive needed more length to make it a somewhat reasonable hand. In an effort to improve function we proceeded with a second toe to third metacarpal transfer. This, again, was several hours of surgery, about 6 to 8 as I recall, requiring several days of inpatient hospitalization, significant pain and potentially risky anticoagulation to maintain the viability of the transplanted toe to the hand. This faired reasonably well except for failure of the bone to

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heal at which point we proceeded with procedures to try to encourage and entice the bone to heal. This finally was successful.

She has, at this point, short digits on the one hand in the long and ring position which have poor flexibility but can be used in gross grasping. No fine manipulative maneuvers are really possible with this hand and this is the better of her two hands. The contra lateral side having the toe to hand transfer is somewhat useful for activities requiring a small amount of pinch force in a relatively small size of objects, because anything too large does not fit between the span of her thumb and toe.

She is going to have severe limitations in her ability to perform even daily activities such as washing herself and clothing herself will be an arduous chore and difficult in the form of having difficulty zippering, buttoning, and tying.

She may need further surgical intervention for the possibility of either a bone lengthening of the remnant of the index finger of the hand that has the toe transposed or the possibility of another second toe to hand transfer to try to improve the power on that hand.

If those are the case, the cost of those surgeries will be in the \$10,000.00 to \$20,000.00 dollars category for physician cost and probably close to a \$100,000.00 dollars or so for cost of intensive care units and hospital stays, medication and such.

I do not believe that she will be prone to arthritic conditions secondary to this per se, because she doesn't have any fingers or joints associated with those fingers. Nor is she capable of performing activities to the level to where out the joints in a significantly quickened fashion.

She also has significantly lost her ability to perform gainful employment activities at her level of education. She has probably lost close to 70% of her

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ability to use the upper extremities in an effective fashion secondary to her bilateral multiple amputations.

Sincerely,

  
John M. Hood, M.D.

JMH/bas